

**CE Provider Name:** 

**CE Provider Number:** 

## INLAND COUNTIES EMERGENCY MEDICAL AGENCY

Serving San Bernardino, Inyo, and Mono Counties 515 North Arrowhead Ave. San Bernardino, CA 92415-0060 909-388-5823 FAX: 909-388-5825

## MONTHLY CONTINUING EDUCATION CLASS LOG

Month:		
Date	Name of Class	Number Attending
//		
Totals		

The provider shall submit this form by the tenth (10) of every month per Protocol Reference #14011